

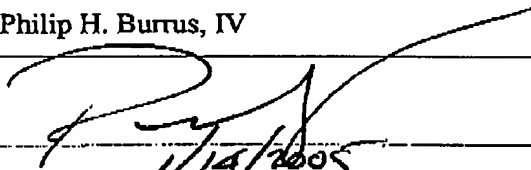
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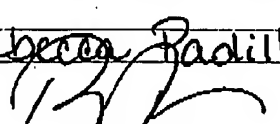
001/012

JAN 14 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/737,021
		Filing Date	December 16, 2003
		First Named Inventor	Geren et al.
		Group Art Unit	2838
		Examiner Name	Tibbits, Pia
Total Number of Pages in this Submission		Attorney Docket Number	IS01378ESG

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature			
Date	1/14/2005		

CERTIFICATE OF MAILING	
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Typed or printed name	Rebecca Padilla
Signature	
Date	1-14-05

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4815).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

110

Complete if Known

Application Number	10/737,021
Filing Date	DEC 16, 2005
First Named Inventor	GELEN ET AL.
Examiner Name	TIBBETS
Art Unit	2838
Attorney Docket No.	3501370ESC

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-2117 Deposit Account Name: MOTOROLA

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: STATUTORY DISCLOSURE FEE 1.321

Fees Paid (\$)

110

SUBMITTED BY		Registration No.	Telephone
Signature	<i>[Signature]</i>	45,932	770-338-3611
Name (Print/Type)	PHILIP H. BUEBIS, IV	(Attorney/Agent)	Date
			1/19/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S.S.N. 10/737,021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 10/737,021
Examiner: Tibbits, Pia
Art Group: 2838
Reference No.: IS01378ESG
Appn. Filed: December 16, 2003
Applicants: Geren, Michael, et al.

Title: Power Fault Battery Protection Circuit

January 14, 2005

Commissioner for Patents
P.O. Box 1450, Arlington, Virginia 22313-1450
Box: Amendment

Sir:

This amendment is in response to an Office Action mailed January 10, 2005, a response thereto being due on or before April 10, 2005. In view of the remarks herein, Applicants respectfully request reconsideration of the above-identified patent application. The Commissioner is hereby authorized to charge any necessary fees, including fees for extensions of time, to Deposit Account Number 50-2117.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office, fax number 703-872-9306 on 1-14, 2005.

Printed Name:

Rebecca Padilla

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